

# FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

**Local Authority:** Southwest

## Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Early Intervention		Program Manager <b>Holly Watson</b>	
Form B - FY23 Amount Budgeted:	\$346,307	Form B - FY23 Projected clients Served:	860
Form B - Amount Budgeted in FY22 Area Plan	\$491,595	Form B - Projected Clients Served in FY22 Area Plan	860
Form B - Actual FY21 Expenditures Reported by Locals		Form B - Actual FY21 Clients Served as Reported by Locals	
Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).			
SBHC works closely with the justice system to provide services for those who meet these criteria. An initial assessment is provided for individuals and a recommendation for services is given to the client and justice referral. If a Prime for Life class is recommended the client is given a list of providers who offer that class.			
Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.			
SBHC proudly supports a 'world-class' Prevention Program; with many effective Prevention Coalitions, Hope Squads, a robust suicide prevention program (Question Persuade Refer (QPR)) and heavy involvement in School-based prevention.			
Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.			
SBHC works with numerous service providers, including; Family HealthCare (FQHC), Beechtree Lab, Cherish Families, Law Enforcement (including the provision of Crisis Intervention Team (CIT) training), The Intermountain 'Alliance', Drug Court, Mental Health Court, Switchpoint (Homeless shelter) and Utah Rural Opioid Healthcare Consortium (UROHC), including inpatient programs, SUD residential programs, IOP programs and private outpatient therapists.			
Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.			

Our programs are 100% referral based and the majority of referrals come from the speciality courts.

**Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.**

Clients who are eligible work with a case manager who helps them navigate the Medicaid application process. A case manager has been provided for clients attending Interim Group to help with Medicaid applications. Clients who attend the Recovery Court program are provided with a Medicaid application at orientation and a drug court case manager is provided to help the client navigate the application process.

**Describe activities to reduce overdose.**

1. **educate staff to identify overdose and to administer Naloxone;**
2. **maintain Naloxone in facilities,**
3. **Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.**

Naloxone is available in every SUD office. The front desk staff, clinical staff and case managers have naloxone kits available and are encouraged to provide kits to anyone involved in TX with an OUD. Staff has been trained how to use the Naloxone kits. Family members are encouraged to take one of the free nasally administered Naloxone kits in Family groups which are held weekly. If a client presents with an opioid use disorder (OUD) they are offered a Naloxone kit at the time. Additionally, family members of individuals with OUD are also offered naloxone kits.

**Describe any significant programmatic changes from the previous year.**

There were no significant programmatic changes.

**2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)**

**Holly Watson**

<b>Form B - FY23 Amount Budgeted:</b>	<b>\$20,000</b>	<b>Form B - FY23 Projected clients Served:</b>	<b>25</b>
<b>Form B - Amount Budgeted in FY22 Area Plan</b>	<b>\$20,000</b>	<b>Form B - Projected Clients Served in FY22 Area Plan</b>	<b>10</b>
<b>Form B - Actual FY21 Expenditures Reported by Locals</b>	<b>\$0</b>	<b>Form B - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>0</b>

**Describe the activities you propose to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.**

The determination that a client needs detoxification services is made at the time of screening and/or evaluation. The client is then referred to a medical provider to help make a determination for the appropriate level of detoxification service. When a client does not have an identified medical provider, SBHC will help the client find one who can provide the service. In some instances, such as in the case of pregnancy, clients may simultaneously receive services while participating in outpatient detoxification.

In the past Southwest Behavioral Health Center (SBHC) has not directly provided inpatient detoxification services, but has sub-contracted for this service. Medically stable clients who are withdrawing from substances who have been admitted to Horizon House or Desert Haven are closely monitored during the initial period of residential care.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

Beginning January 2023 we will be opening a Crisis Stabilization Center (Receiving Center). Social detoxification services will be available at our Center, but offering this service we anticipate an increase in our provided services.

**Describe any significant programmatic changes from the previous year.**

No significant changes.

**If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?**

Clients (adults and adolescents) needing this service are referred to their private physician for hospitalization in local facilities or out-of-area facilities specializing in acute detoxification services. SBHC helps facilitate referrals to the following for detoxification services:

- Mountain View Hospital in Payson,
- Provo Canyon Behavioral Hospital for Medical Detoxification.
- Hope Rising Detox and Rehab in Hurricane
- Switchpoint shelter social detox

### 3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)

Shanel Long

<b>Form B - FY23 Amount Budgeted:</b>	<b>\$3,195,324</b>	<b>Form B - FY23 Projected clients Served:</b>	<b>160</b>
<b>Form B - Amount Budgeted in FY22 Area Plan</b>	<b>\$3,058,932</b>	<b>Form B - Projected Clients Served in FY22 Area Plan</b>	<b>150</b>
<b>Form B - Actual FY21 Expenditures Reported by Locals</b>	<b>\$2,940,502</b>	<b>Form B - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>158</b>

**Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).**

**Adolescents:**

Adolescents needing residential services are referred to Odyssey House, a co-ed, clinically managed, residential treatment program for adolescents (ages 13-18), ASAM PPC-2R Levels III.1--III.5, with whom SBHC has a contract.

**Adults:**

Residential services are provided locally in two locations; Horizon House and Desert Haven. Horizon House is a 24-hour clinically managed, residential substance abuse treatment facility, located in Cedar City, Utah which provides ASAM PPC-2R Levels of Care III.1. Desert Haven is a Clinically Managed Low-Intensity Residential Service program located in St. George, Utah providing Level III.1 care to women, pregnant women and women with children.

Both programs conduct multidimensional assessments to ascertain stage of readiness to change, progression of abuse/addiction, and to determine if there is a co-occurring mental health problem. Clients are assessed for medical stability by a physician, which is obtained as part of the admission procedure. Local physicians provide medical assessment and clients have historically had no difficulty in obtaining this service. Where necessary, SBHC helps facilitate the service by referring clients to local physicians. If a client is unable to pay for this service, SBHC has the ability to use vouchers at Family Health Care (the local FQHC). Clients can be brought into residential treatment without the requirement of obtaining a physical if getting one presents a barrier to treatment entry. This can be arranged after entry into residential care. Medically stable clients who are withdrawing from substances are closely monitored during the initial period of residential care.

When clients have needs for medical services, SBHC facilitates the setting of appointments, arranging transportation and facilitates communication when needed.

SBHC has a contract with Odyssey House in Northern Utah and Crossover Residential (operated by Switchpoint Homeless Shelter).

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No change greater than +/- 15%.

**Describe any significant programmatic changes from the previous year.**

No significant changes.

**4) Opioid Treatment Program (OTP-Methadone)**

**VaRonica Little**

<b>Form B - FY23 Amount Budgeted:</b>	<b>\$9,774</b>	<b>Form B - FY23 Projected clients Served:</b>	<b>9</b>
<b>Form B - Amount Budgeted in FY22 Area Plan</b>	<b>\$20,000</b>	<b>Form B - Projected Clients Served in FY22 Area Plan</b>	<b>20</b>
<b>Form B - Actual FY21 Expenditures Reported by Locals</b>	<b>\$12,097</b>	<b>Form B - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>6</b>

**Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.**

Clients requiring Methadone replacement therapy are referred to private providers in St. George who specialize in administering that service. SBHC supports clients in treatment who wish to be on Methadone and other Medication Assisted Therapies. These clients are integrated into groups with other clients on MAT and clients not receiving MAT. Clients who are on MAT or seeking MAT are referred to the medical department of SBHC for consultation as part of the MAT protocol. This is to ensure that all clients on MAT have the support of the medical staff for expertise and consultation.

SBHC has contracted with True North, Family Healthcare, St. George Metro and Hope Rising to provide MAT.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The projected FY23 may be larger once the full year of SOR grant funding is awarded.

**Describe any significant programmatic changes from the previous year.**

No significant changes.

**5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little**

<b>Form B - FY23 Amount Budgeted:</b>	<b>\$111,654</b>	<b>Form B - FY23 Projected clients Served:</b>	<b>67</b>
<b>Form B - Amount Budgeted in FY22 Area Plan</b>	<b>\$300,838</b>	<b>Form B - Projected Clients Served in FY22 Area Plan</b>	<b>80</b>
<b>Form B - Actual FY21 Expenditures Reported by Locals</b>	<b>\$146,310</b>	<b>Form B - Actual FY21 Clients Serviced as Reported by Locals</b>	<b>34</b>

**Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC has worked with Family Healthcare, the local FQHC, to develop a program for providing MAT, including Vivitrol and Suboxone, to SUD clients utilizing FQHC pricing and pharmaceutical assistance so that MAT is affordable and sustainable.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The projected FY23 may be larger once the full year of SOR grant funding is awarded.

**Describe any significant programmatic changes from the previous year.**

No significant changes.

**6) Outpatient (Non-methadone – ASAM I)**

**Shanel Long**

<b>Form B - FY23 Amount Budgeted:</b>	<b>\$885,601</b>	<b>Form B - FY23 Projected clients Served:</b>	<b>228</b>
<b>Form B - Amount Budgeted in FY22 Area Plan</b>	<b>\$1,256,645</b>	<b>Form B - Projected Clients Served in FY22 Area Plan</b>	<b>380</b>
<b>Form B - Actual FY21 Expenditures Reported by Locals</b>	<b>\$1,007,654</b>	<b>Form B - Actual FY21 Clients Served as Reported by Locals</b>	<b>395</b>

**Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.**

Outpatient, individual and co-ed group treatment services are offered during the day and/or after work or school for both adolescents (ages 13-18) and adults (over age 18) who meet ASAM PPC-2R criteria for Level I treatment. These services are provided in all of the 5 counties that SBHC serves. Outpatient groups are generally continuing care groups from Phase I IOP or Residential treatment, although there are several stand-alone outpatient groups, using EBP curriculum such as DBT, Seeking Safety, Relapse Prevention, and MRT.

Treatment may consist of group and/or individual counseling, family counseling, Motivational Enhancement Therapy, Cognitive Behavioral Therapy, and education about substance-related and mental health problems. A women's trauma specific group is offered in Washington County using Seeking Safety. Washington County also provides relapse prevention groups.

A Helping Men Recover group is offered in Washington County. Dual-diagnosis groups are offered in both Washington and Iron counties. DBT groups are also available in both counties. Gender specific DBT groups are provided at each of the residential centers and individuals who are not in residential treatment are able to attend on an OP basis. Gender specific groups for adolescents are offered utilizing Seeking Safety and Learning to Breathe (mindfulness) curriculum.

Where needed, clinical staff provide case management services to link clients to allied agencies who provide other needed services such as medical/dental care, school, educational testing for learning disorders, transportation, vocational rehabilitation, etc.

SBHC provides most of the outpatient services directly, but some services are contracted with local providers for clients with Medicaid.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

The projected FY23 may be larger once the full year of SOR grant funding is awarded.

**Describe any significant programmatic changes from the previous year.**

No significant changes.

7) Intensive Outpatient (ASAM II.5 or II.1)

Shanel Long

Form B - FY23 Amount Budgeted:	\$1,308,892	Form B - FY23 Projected clients Served:	220
Form B - Amount Budgeted in FY22 Area Plan	\$1,035,428	Form B - Projected Clients Served in FY22 Area Plan	220
Form B - Actual FY21 Expenditures Reported by Locals	\$1,196,466	Form B - Actual FY21 Clients Served as Reported by Locals	232
<p><b>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.</b></p> <p>Adult Intensive outpatient, co-ed, treatment services are offered in all counties in the SBHC catchment area. Telehealth is now available for clients who need to travel a great distance (or have other circumstances that limit their ability to travel to an appointment) and can be offered for individual and group services. For adolescents (ages 13-18) IOP services are offered in Washington county on a regular basis and subcontracted in Iron county when need indicates. Adolescent clients in the other counties have the option of attending IOP in Washington or Iron county. IOP services are offered during the day and/or after work. Those offered IOP services meet ASAM PPC-2R criteria for Level II treatment. ASAM PPC-2R Level II programs provide at least nine hours of structured programming per week to adults and at least six hours of structured programming per week to adolescents.</p> <p>Treatment consists of group and individual counseling, using evidence based practices, such as motivational interviewing, cognitive behavioral therapy, 12 Step Facilitation,, Moral Reconation Therapy (MRT), Seeking Safety, DBT, Prime Solutions, EMDR, Helping Men Recover, and other services such as recreational activities, and education about substance-related and mental health problems. Programs link clients to community support services such as health care, public education, vocational training, child care, public transportation, and 12-step recovery group support.</p> <p>SBHC will continue to offer a dual-diagnosis group for clients who are in Outpatient or IOP SA services and also have a serious or persistent mental illness.</p> <p>Washington County Youth team provides IOP services for both males and females. We also provide drug testing through Beechtree. SBHC isn't currently contracting out any IOP Substance Abuse Services for Youth. SBHC IOP program utilizes DBT, Seeking Safety, TF-CBT, Relapse prevention curriculum, and Healthy Relationships curriculum utilizing Sexual Con Games treatment and a Life Skills Curriculum.</p> <p>SBHC provides most of the intensive outpatient services directly, but some services are contracted with local providers for clients with Medicaid.</p>			
<p><b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</b></p> <p>No change greater than +/- 15%</p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p>			

No significant changes.

**8) Recovery Support Services**

**Thom Dunford**

<b>Form B - FY23 Amount Budgeted:</b>	<b>\$245,950</b>	<b>Form B - FY23 Projected clients Served:</b>	<b>650</b>
<b>Form B - Amount Budgeted in FY22 Area Plan</b>	<b>\$180,803</b>	<b>Form B - Projected Clients Served in FY22 Area Plan</b>	<b>240</b>
<b>Form B - Actual FY21 Expenditures Reported by Locals</b>	<b>\$223,482</b>	<b>Form B - Actual FY21 Clients Served as Reported by Locals</b>	<b>753</b>

**Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link:**  
[https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf](https://dsamh.utah.gov/pdf/ATR/FY21%20RSS%20Manual.pdf)

SBHC provides and participates in a host of outpatient-associated services which fall under the definition of Recovery Support services. These occur prior to client's admission into active treatment, during treatment and on an ongoing basis after the acute episode of treatment has concluded:

In Washington County, interim groups are offered to those waiting to start formal treatment.

SBHC refers all clients in IOP & Residential Services to 12-step groups, or other community based support groups. 'Addict to Athlete' has chapters in both Iron and Washington counties and clients are encouraged to attend and participate. USARA has opened a community recovery center in St. George and offers SMART meetings, CRAFT meetings, and Refuge Recovery. USARA also offers peer coaching and clients are referred to this program.

Clients that have completed treatment can be on the Alumni Association or become a peer mentor, which is hosted by SBHC in both Iron and Washington Counties. The Association plans Alumni events, such as the annual alumni picnic and the Candlelight Vigil. The association also supports current and discharged clients in a variety of ways, including ongoing mentoring and support.

SBHC meets with Recovery Court clients while they are in phase IV, (after they have been discharged from acute care.) Phase IV clients are asked to come to at least 1 treatment group a month at SBHC. They are also asked to come to Recovery Court to support other clients and continue to participate in drug testing on a regular and random basis. SBHC will meet with any discharged client upon request.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No change greater than +/- 15%

**Describe any significant programmatic changes from the previous year.**

No significant changes.

**9) Peer Support Services-Substance Use Disorder**

**Thom Dunford**

<b>Form B - FY23 Amount Budgeted:</b>		<b>Form B - FY23 Projected clients Served:</b>	
<b>Form B - Amount Budgeted in FY22 Area Plan</b>		<b>Form B - Projected Clients Served in FY22 Area Plan</b>	
<b>Form B - Actual FY21 Expenditures Reported by Locals</b>		<b>Form B - Actual FY21 Clients Served as Reported by Locals</b>	
<b>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</b>			
<p>Peer mentors may be paired with a client in an earlier stage of treatment if they have a shared issue that the mentor has successfully resolved. Mentors also provide education to clients in earlier phases of treatment, when appropriate, and with the support of treatment staff. They initiate and organize opportunities to participate in activities to support recovery, provide service &amp; fundraising. These peer mentor roles continue to evolve in creative and increasingly effective ways.</p> <p>SBHC has skills groups led by Certified Peer Support Specialists.</p> <p>USARA has a community recovery center in St. George and clients can be referred to them for Peer Coaching, among other services.</p>			
<b>Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?</b>			
<p>All clients are given access to peer support services. Individually, clients decide if they want to be involved in peer support services. No data measures are used at this time.</p>			
<b>Please attach policies and procedures for peer support including peer support supervision and involvement at the agency level.</b>			
<p>These are being developed at this time.</p>			
<b>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided(15% or greater change).</b>			
<p>No change greater than +/-15%.</p>			
<b>Describe any significant programmatic changes from the previous year.</b>			
<p>No significant changes.</p>			

## 10) Quality & Access Improvements

Shanel Long

**Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?**

Washington County has an interim group for individuals waiting for services. SBHC has a centralized waiting list for all residential services. It is accessible to all necessary staff electronically on our intranet. SBHC plans to better utilize ASAM criteria through training and supervision. This has the potential to reduce length of stay in each level of treatment, thereby reducing waiting lists for treatment.

The MAT assessment process has been streamlined so clients can be assessed for MAT by the medical department shortly after admission.

SBHC has weekly meetings with FHC to coordinate care and expedite physical exams and TB tests for residential clients.

**Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.**

SBHC works with a robust panel of service providers, including; Family HealthCare (FQHC), Beechtree Lab, Cherish Families, Law Enforcement (including the provision of Crisis Intervention Team (CIT) training), The Intermountain 'Alliance', Drug Court, Mental Health Court, Switchpoint (Homeless Shelter) and Utah Rural Opioid Healthcare Consortium (UROHC), including inpatient programs, SUD Residential program, IOP programs and private outpatient therapists.

**What evidence-based practices do you provide? Describe the process you use to ensure fidelity?**

SBHC continues to train staff in Evidence Based Practices, including EMDR, Seeking Safety, MRT, Helping Men Recover, and DBT. SBHC has developed a model that requires all clinical staff to be involved in monthly supervision of EBPs, including direct observation.

**Describe your plan and priorities to improve the quality of care.**

Each clinician, regardless of licensure status, will engage in direct observation at least once per month, either videotape, audio tape, or in vivo observation. This will be reviewed in a supervision/coaching/consultation session (depending on need). These steps of supervision will be documented in the electronic health record.

**Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.**

The SUD DLA-20 has been implemented and utilized during FY21. The decision in the clinical directors group to move forward with the Substance Use Recovery Evaluator (SURE) will begin to be implemented at a later date.

**Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?**

SBHC has been using Zoom, a HIPAA compliant platform and will continue to use this platform when

appropriate. Zoom will continue to be used for clients who struggle with attending treatment for various reasons, such as health issues or transportation. Although clients are encouraged to attend treatment in person, SBHC understands that this might not be possible in all cases and Zoom/telehealth will increase client participation. Clients in outlying counties where some services are not provided can now attend groups and individual therapy by utilizing video conferencing. An IOP group for outlying counties is being implemented to ensure that clients who meet the high risk/high need threshold will be able to attend the needed level of care.

**11) Services to Persons Incarcerated in a County Jail or Correctional Facility** **Thomas Dunford**

**Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.**

When requested SBHC staff conduct Substance Abuse evaluations of inmates in each of the counties SBHC services. In the Frontier counties, the frequency of these visits to the jails varies, based on demand. In Washington and Iron County, these evaluations occur on a weekly to every two week basis. After completing the evaluations, SBHC staff make recommendations for the level of care based on ASAM placement criteria that will suit the individual's needs. When recommended by SBHC and the decision of the courts and the jail is to get the person into treatment with SBHC, arrangements are made for the individual to begin receiving services at SBHC upon discharge from incarceration.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No change greater than +/- 15%.

**Describe any significant programmatic changes from the previous year.**

No significant changes.

**Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).**

Iron County SBHC staff, Iron County jail staff & FHC staff have developed protocols for assessing and treating incarcerated individuals with Opioid dependence in the jail and beginning MAT treatment prior to being released. This has been working in the Washington County jail for several years and will continue. Similar meetings have been held in Beaver County and the process to identify inmates needing services has been started this past year.

**The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expand SAPT block grant dollars in penal or correctional institutions of the State.**

[We do not have plans for expansion in this area.](#)

**12) Integrated Care**

**Shanel Long**

**Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.**

Family Healthcare (FHC) provides services within a facility collocated with the SBHC Cedar office. SBHC and Family Healthcare mutually refer cases and coordinate the care of those with complex physical and mental needs. Those with addictions who do not have an existing relationship with a primary care provider are referred to Family Healthcare and Four Points Community Health Center who can serve the unfunded, those with Medicaid/Medicare and those with commercial coverage. This means that they can accept virtually all referrals sent by SBHC.

SBHC will provide clinical education to their staff regarding mental health and substance use issues when requested, likewise FHC provides education on physical health to SBHC.

**Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).**

The Recovery/Life Goals of many SBHC clients includes improvement in overall wellness and overcoming health problems. SBHC therapists, case managers, peer specialists, and medical providers help clients develop their own individual plans for addressing health concerns and meeting health related goals.

Therapists inquire about their clients' physical health regularly and refer clients to Case Management to help coordinate care with outside providers as needed. Many SBHC clients attend the Diabetes Clinic, get help with Hep-C etc. They also work with the Diabetes Clinic in getting insulin injections prefilled and help clients monitor their glucose levels. SBHC Case Managers help facilitate appointments and attend those appointments with clients to help coordinate care between the SBHC medical department and other physical health providers.

**Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.**

The SBHC evaluation includes assessing the client's physical, behavioral and substance use needs. Clinicians are encouraged to help clients set recovery goals that can include physical, mental, or substance use conditions. As mentioned above, resources are available to help with each set of conditions. SBHC SUD providers and case managers aid clients in accessing needed physical services.

**Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the *Fagerstrom scale*. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.**

During the initial evaluation, all clients are asked about their desire to quit tobacco. It is the policy of SBHC to offer tobacco cessation resources. The public health department has provided training to our staff on how to refer clients to the Utah Tobacco Quit Line.

Clients are also referred to the Utah Tobacco Quit Line when they have expressed a desire to quit, and

are given patches when they are available. SBHC also encourages the use of RSS funds to help those in Recovery Court become tobacco free.

**Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?**

SBHC implemented a health and wellness program for staff to participate in. The program includes monthly education on healthy life style practices, staff are encouraged to discuss these practices with clients and incorporate into their treatment plans.

**13) Women's Treatment Services**

**Rebecca King**

<b>Form B - FY23 Amount Budgeted:</b>	<b>\$2,523,682</b>	<b>Form B - FY23 Projected clients Served:</b>	<b>55</b>
<b>Form B - Amount Budgeted in FY22 Area Plan</b>	<b>\$2,680,352</b>	<b>Form B - Projected Clients Served in FY22 Area Plan</b>	
<b>Form B - Actual FY21 Expenditures Reported by Locals</b>	<b>\$2,427,567</b>	<b>Form B - Actual FY21 Clients Served as Reported by Locals</b>	<b>55</b>

**Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.**

Women's treatment services for substance use disorders are provided in several areas of SBHC. Services are planned according to ASAM placement criteria, following a comprehensive assessment. Women with young children who are appropriate for residential treatment are placed in Desert Haven when space is available. This is an ASAM III.I program designed for pregnant women and women with their young children (most often up to age 8, although this varies). Women receive gender specific and responsive care including group therapy, group skills development, group behavior management, individual therapy, case management, and referral to community resources. Women in residential treatment are taken to gender specific community support meetings when available, and women not in residential treatment are referred to these meetings.

The children of these women are assessed by the Youth Services team to determine if they have needs that could be met through SBHC and are given services accordingly, including the practice of Attachment, Regulation and Competency (ARC). The women also participate in parenting training and coaching. Upon completion of Desert Haven, clients are given the option of continuing care in gender specific groups or co-ed groups.

Women who meet ASAM II criteria are given the option of attending a gender specific and responsive IOP group. This group also has gender specific and responsive continuing care groups as a follow up.

Horizon House West provides gender specific/responsive residential or day treatment for women.

DBT and Seeking safety are provided in the women's residential centers & are offered to OP clients when indicated. EMDR is also available to women in SUD services.

**Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.**

The children of Desert Haven residents are assessed by the Youth Services team to determine if they have needs that could be met through SBHC and are given services accordingly. Referral can be made to Youth Services for children whose parents are not in Desert Haven as well, depending on eligibility criteria. Both therapists and case managers at SBHC work closely with DCFS caseworkers to ensure the needs of both the women and their children are met, not only those in Desert Haven, but those in OP and IOP as well. Most clients are discussed weekly in Felony or Family Recovery Court. Therapists and/or case managers regularly attend Child and Family Team Meetings at DCFS.

**Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.**

Transportation to and from appointments is provided to women and children of Desert Haven. Taxi vouchers and bus passes can be arranged for those not in Desert Haven. Case management for women with children is available to Desert Haven and IOP clients weekly, for those in OP on a bi-weekly or monthly basis, more if needed.

In Iron County, case management services are provided by clinicians and case managers. This includes helping clients access healthcare resources, apply for benefits, find housing and transportation resources. Taxi vouchers are arranged for when needed. When available, the family support center assists with child care.

**Describe any significant programmatic changes from the previous year.**

We have not had any significant changes.

#### **14) Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)**

**Rebecca King**

**Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.**

Desert Haven is a Women's and Children's Substance Use Disorder Residential Support and Treatment program, with support funding coming from a variety of sources. With the advent of Utah's Medicaid TAM and Expansion (as well as historical Legacy), Southwest has found that 90%+ of the women who are receiving services at Desert Haven qualify for treatment coverage under this program. This revenue source ensures that the majority of the treatment services are covered by a funding source beyond state funding. While Medicaid will cover the discreet or bundled treatment services, SBHC must cover the costs of the Residential Support and Room and Board for these women and their children. The WTX dollars fund, firstly, the 24-hour staff that oversee the residential program (see the budget provided). These dollars also cover the facility operating costs, such as food, daycare, maintenance, insurance and other expenses associated with the residential program. These room & board costs are not covered in a capitated, bundled or discreet service rate from Medicaid. SBHC leverages other funds when available to help offset some of these additional costs; including special

state funding for childcare, and food stamps of clients as legally permitted. Additionally, some Medicaid coverage requires matching funds in order to draw down federal Medicaid dollars. This match must be made from State and/or County dollars. Some WTX funds support that match.

**Please describe the proposed use of the WTX funds**

WTX funds are used firstly to cover the 24-hour staff that support and manage the clients and oversee the residential program. These dollars are also used to cover the operating costs at the facility, such as food, daycare, maintenance, insurance and other operating expenses associated with a residential program. Additionally, these funds are used to offset some of the required Medicaid match, a combination of State and County dollars.

**Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities**

SBHC utilizes a "bed board" in our electronic health record, which generates a daily report indicating how many beds are full and empty at each of our residential programs. This report is sent to the SUD Program Manager, as well as the Clinical Director, and Administrative Assistant. This information is used to send a report to SBHC partners on a weekly basis, letting partners know how many beds are full, how many open, and how many on the waiting list for each residential program.

**Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: [bkelsey@utah.gov](mailto:bkelsey@utah.gov)**

**Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.**

None have been referred but we still make it available if needed.

**15) Adolescent (Youth) Treatment**

**Shanin Rapp**

<b>Form B - FY23 Amount Budgeted:</b>	<b>\$490,469</b>	<b>Form B - FY23 Projected clients Served:</b>	
<b>Form B - Amount Budgeted in FY22 Area Plan</b>	<b>\$440,794</b>	<b>Form B - Projected Clients Served in FY22 Area Plan</b>	<b>50</b>
<b>Form B - Actual FY21 Expenditures Reported by Locals</b>	<b>\$450,222</b>	<b>Form B - Actual FY21 Clients Serviced as Reported by Locals</b>	

**Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.**

1. Screening/Assessment: All youth are offered a screening for both mental illness and SUD. Those

who meet the criteria for services with SBHC receive a comprehensive substance use/mental health assessment.

2. Attention to Mental Health: Assessment includes all elements in a mental health assessment, a SASSI and each ASAM domain. Based on the ASAM recommendation, a level of treatment will be recommended.

3. Comprehensive Treatment: SBHC offers a full continuum of treatment services to clients based on the results of the ASAM assessment. These include prevention services such as Prime For Life; outpatient services to include family and individual therapy; intensive outpatient services to include group behavior management; individual behavior management; school services; residential treatment services as recommended or when lesser level services are not successful; and inpatient services when necessary. SBHC contracts all residential and inpatient services.

4. Developmentally Informed Programming: SBHC trains staff and designs programming that is consistent with the developmental stages of childhood and adolescence.

5. Family Involvement: SBHC encourages/insists on family involvement through family therapy, education classes and homework assignment for the family, recognizing that family involvement is essential to long term success for the youth.

6. Engage and Retain clients: SBHC has expanded transportation services for both substance abuse and mental health IOP clients. We offer two staff driven vans, one that transports clients from the Hurricane and Washington City areas to SBHC and a second van transporting clients from the St. George, Ivins, and Santa Clara areas which has helped increase regular attendance. Washington County's Youth Team has also implemented a check in system for clients and if clients are more than 15-20 minutes late, staff will call parents to assure the safety of clients. If a client has no-showed for IOP groups for a week or more a home visit will be conducted to ensure safety.

7. Staff Qualifications/Training: All IOP groups are staffed by master's level licensed therapist and SSW or SUDCs as co-facilitators. Individual and family therapy is conducted by master's level clinicians. All Washington County Youth clinicians have been trained in Seeking Safety. Washington County also has two EMDR trained therapists to provide individual trauma treatment as well.

8. Continuing Care/Recovery Support: Youth are retained in treatment as long as is necessary. Services are titrated as clients progress and contact is maintained as clients are able to 'check in' or return to services as needed.

9. Person-First Treatment: SBHC has been involved in an initiative to promote a 'Recovery Culture' which includes training staff with a 'Person-First' approach and language.

10. Program Evaluation: SBHC currently uses the DSAMH scorecard to evaluate the program.

**Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.**

Our current Primary Referral Sources for Youth are Juvenile Justice Services, Washington County School District, and Parent referred clients. We are working on coordinating services by attending monthly meetings with all of the school SROs and Vice Principals where they discuss high-risk youth. We identify needs and coordinate appropriate SUD services available through Southwest. We also attend weekly meetings with JJS, DCFS, and other community partners and share information about our IOP programming as well as attend DCFS and JJS staffing, when possible to help facilitate needed admissions to the program. We also do a lot of substance abuse evaluations which helps us to determine the needed level of treatment to make referrals to OP, IOP, and Residential Level Services.

**Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.**

The Clinical Director sits on the SOC Regional Advisory Council (RAC). The Council has determined that complex cases that have challenges which have not been resolved in other arenas will be staffed there since the participants of the SOC RAC have authority over the resources of their various

agencies.

The Program Managers and other clinical staff participate in other local coordinating councils with community partners. In addition to these, many of the cases which are shared by the agencies have ad hoc coordination staffings which SBHC often initiates and/or will participate in when invited.

Washington County Youth Program manager attends a weekly Youth Coordination meeting attended by DCFS, JJS, Systems of Care, Washington County School District, SMR. In these meetings high risk youth clients are staffed by the multiple agencies and when needed the Program Manager will also attend ISS meetings. The Washington County Youth Program manager also attends a second Youth Coalition meeting where multiple agencies share resources available within the community. This information is utilized to help pair clients and their families with appropriate services.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).**

No changes greater than +/- 15%

#### 16) Drug Court

Shanel Long

Form B - FY23 Amount Budgeted: Felony	\$656,733	Form B - FY22 Amount Budgeted: Felony	\$661,103
Form B - FY23 Amount Budgeted: Family Dep.	\$167,254	Form B - FY22 Amount Budgeted: Family Dep.	\$165,597
Form B - FY23 Amount Budgeted: Juvenile		Form B - FY22 Amount Budgeted: Juvenile	\$0
Form B - FY23 Recovery Support Budgeted		Form B - FY22 Recovery Support Budgeted	\$0

**Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.**

The Washington County Recovery Court begins with an application after a candidate is charged with a felony related to their use of substances (misdemeanors are allowed on a case by case basis). These applications are turned in to the defense attorney. The candidate is then assigned to Court Support Services for an SUD assessment. After the evaluation has been completed the client is placed on the staffing calendar for Recovery Court. The potential participant is also discussed in the staffing to determine if there are extreme reasons the candidate would be excluded (history of extreme violence for example).

The Washington County Family Recovery court begins with a DCFS referral. The participant's children must either be in state's custody, or be at risk for out of home placement. The participant is discussed in staffing to determine appropriateness and attends a court session to determine if they want to participate. If they do, they sign the agreement and begin the process of assessment and entry into treatment.

Clients enter the Iron County Recovery Court in much the same way as Washington County, the defense attorney has the client fill out an application which is submitted to the Iron County Prosecutor. If approved, the individual will participate in an assessment, including the RANT, to determine risk/need

as well as appropriate placement within ASAM criteria.

**Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.**

A comprehensive multidimensional assessment is conducted to ascertain stage of readiness to change as well as progression of abuse/addiction and if there is a co-occurring mental health problem. Court Support Services uses the LS/RNR tool to determine risk/need. Only potential participants who meet the criteria for high risk/high need are approved for admittance into the Recovery Court. An individualized treatment plan is developed in consultation with the client, family and Recovery Court Team, and is directed toward applying recovery skills, preventing relapse, improving emotional functioning, and promoting personal responsibility. Treatment plans include formulation of the problem, treatment goals, and measurable objectives.

Recovery Court treatment is provided in phases, ranging from intensive treatment services (Intensive Outpatient or Residential treatment) in phase 1 to outpatient groups, such as continuing care, educational and relapse prevention, and individual sessions as indicated in the treatment planning in phase II and a continuing care group per week and individual sessions as needed in phase III and, where indicated, one group per month and individual counseling as needed for phase IV.

Treatment intensity and phases are directed by the client's treatment plan and may or may not match the client's Recovery Court level.

All three Recovery Courts have access to case management which can help assist individuals with Medicaid enrollment, and other case management services.

**Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).**

All medications for the treatment of addiction are allowed in the Recovery Courts. Clients can receive MAT through Family Healthcare and St. George Metro, in the St. George area and Family Healthcare in the Cedar City and Beaver areas. Medications include, but are not limited to Vivitrol, Suboxone, and Methadone. Grant funding and RSS funds may be available to offset the cost if a participant is eligible and does not have insurance. SBHC has a direct contract with Family Healthcare and St. George Metro for these medications and services.

**Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).**

The Washington County Recovery Court has its own "UA Center" that tests on site using gas chromatography (GC) and mass spectrometry (MS). Clients are randomly tested, the frequency depending on the Phase of Recovery Court.

Beechtree staff have offices in SBHC office buildings in both Cedar City and St. George for drug testing of SBHC clients. Their staff work with SBHC to develop a random schedule for clients to test. Iron County Recovery Court clients who are also SBHC clients are tested using this same system.

All three Recovery Courts have testing on weekends and holidays to ensure truly random testing.

**List all drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).**

The Washington County Recovery Court clients are not assessed fees for treatment. They are charged supervision / testing fees based on their income, typically \$30/week. A hardship waiver is available to any client experiencing inability to pay. These are paid weekly through the Washington County treasurer's office.

Iron County Recovery Court Clients pay a "recovery court fee" that covers Recovery Court services. In addition, clients are charged for confirmation testing at the lab if they have denied use in the case of an apparently + test determined by the dip test & the positive test is verified by the lab. If the test comes back negative from the lab there is no charge to the client.

**Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).**

No significant changes.

**17) Justice Services**

**Thomas Dunford**

<b>Form B - FY23 Amount Budgeted:</b>	<b>\$302,032</b>	<b>Form B - FY22 Amount Budgeted:</b>	<b>\$353,270</b>
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**Describe screening to identify criminal risk factors.**

SBHC uses the RANT for all SUD clients. Washington County Recovery Court assessments are now conducted by Court Support Services. They complete the LS/RNR, the results of which are provided to SBHC. These results are scanned into our electronic health record (EHR).

**Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.**

Clients are separated according to risk vs. needs of each individual. Where possible we do not place low risk individuals with high risk individuals. Efforts are made by the staff to notify referral sources of the client's progress. We have implemented a case manager for clients who are involved with AP&P and private probation. Clients are offered a variety of options for treatment including, but not limited to: DBT, Seeking Safety, MRT, EMDR therapy and Prime Solutions.

**Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.**

SBHC will have a dedicated case manager working more closely with pretrial services to ensure the fastest access to care.

**Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.**

We meet with a myriad of different agencies weekly, monthly and quarterly. These include; law enforcement (typically through the specialty courts and MAT services), Multi-Agency Coordinating Committees (UROHC), Local Recovery Community (Recovery Day is an amalgamation of the area

treatment providers, recovery advocates, and fellowships working together to raise awareness, advocacy, and encourage interagency cooperation), Peer Advocacy Groups (USARA), County Attorney's office works closely with us on the specialty courts and on the Stakeholders Board.

In Washington County, the Stakeholders meetings are held biannually. In attendance are: judges, law enforcement, Adult Probation and Parole, Southwest Behavioral Health Center, and local and state lawmakers.

Iron County Drug Court meets weekly with representatives from SBHC, the county Prosecutors, Defense, and the local sheriffs department.

Beaver County has meetings about every six months with the jail, local law enforcement, Family Healthcare and SBHC initiating and participating in several community-based activities, such as; The Intermountain Alliance for the Social Determinants of Health, Recovery Day, support of the Hidale community, community wide Mental Health First Aid training, Designated Examiner training and participation on the Fall Conference Committee.

**Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.**

We have weekly meetings with all of the above agencies in Washington County and regular team meetings with the above stakeholders as needed.

**Provide data and outcomes used to evaluate Justice Services.**

We anticipate the adoption of the SURE by DSAMH. This will give us an excellent outcome measure to use for our justice served clients.

**17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)**

**Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.**

[See completed on Form A](#)

**Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?**

**Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.**

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate “N/A” in the box below.

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, “N/A” below.

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, “N/A” below.